

EXHIBIT 48

Isaac Reger, M.D.

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NEUROLOGY / ELECTRODIAGNOSTICS

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February 3, 2015

RE: JUAREZ, Ruben
DOI: CT
DOE: 2/3/15
OUR FILE: 27660
EMP: Space Exploration Technology

The patient is a 45 year old right handed male who is seen for neurological consultation on 2/3/15.

HISTORY OF THE INJURY

The patient relates that he worked for the above named employer from 01/2012 to the present as an equipment specialist. He worked about sixty hours per week. He relates that almost from the beginning he noted frequent headaches at work which he felt was associated with exposure to various chemicals used in the facility for cleaning part. He also feels he was subject to lead exposure. He was not provided with any protective devices and his headaches were worse at work. Eventually he also started having dizziness and saw several physicians as well as a neurologist at Cedars Sinai and after work up was told he had an aneurysm in the "Circle of Willis". He was referred for coiling procedure which was done 01/2013. The patient says he hoped that his headaches would go away after this procedure.

PATIENTS CURRENT COMPLAINTS

The patient relates of headaches which are moderate to intense. They are almost constant and described as a pressure type feeling. A few times he had to go to an ER where he was given Morphine and Dilaudid. He denies any other specific symptoms associated with the headaches although he is dizzy at times.

WORK HISTORY

As described. On TTD,

PAST MEDICAL HISTORY

Right elbow and right wrist surgery with transposition of the right ulnar nerve. The right wrist injury is of unknown nature. Both injuries were work related. He is also known to have narcolepsy.

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Family History: Non-contributory

Social History: Married

Habits: Does not smoke, abuse alcohol or use drugs

Medications: Depakote, Topamax, Wellbutrin, Nortriptyline, baby Aspirin, Omeprazole, Ritalin, Norco, Percocet

Allergies to Medications: None

PHYSICAL EXAMINATION

General Appearance: Well-nourished, well-developed

Head: Normocephalic, atraumatic, carotid upstroke +2 bilaterally

Vital Signs: Blood Pressure 120/80, Pulse 74 no orthostatic changes

NEUROLOGICAL EXAMINATION

Mental Status: Alert and oriented to time, place and person. Fluent speech.

Cranial Nerves:

- II. Visual fields are intact to confrontation. Benign fundi without edema. Full visual fields.
- III, IV, VI Full extraocular movements. No nystagmus. Pupils are equal, round and reactive to light and accommodation.
- V Normal facial sensation. Normal mastication.
- VII Normal facial movements. No facial weakness.
- VIII Hearing is grossly normal.
- IX, X Normal gag reflex with good swallowing. Normal uvula and soft palate motion.
- XI Good strength of sternocleidomastoid/trapezii muscles.
- XII Midline tongue without atrophy or fasciculations.

Motor Examination: Normal strength. Normal muscle tone.

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Sensory Examination: Light touch and pinprick sensations are intact. Vibratory and joint position senses are normal.

Deep Tendon Reflexes:

	<u>R</u>	<u>L</u>		<u>R</u>	<u>L</u>
Biceps	+2	+2	Patellar	+2	+2
Triceps	+2	+2	Achilles	+2	+2
Brachioradialis	+2	+2			
Plantar response	downgoing.				

Coordination: Finger-to-nose, heel-to-shin and rapid alternating movements are all performed normally.

Gait and Station: Normal gait. No ataxia. Romberg is negative.

DIAGNOSIS

1. CHRONIC HEADACHES, RULE OUT TOXIC ENCEPHALOPATHY
2. STATUS POST INTRACRANIAL ANEURYSM COILING, FURTHER COMMENTS AFTER RECORDS REVIEW

DISCUSSION

The patient is evaluated for headaches. The history is somewhat complex and I do not have any medical records. The patient relates of frequent headaches at work and he believed they were associated with chemicals used to clean electrical parts. He also believes he was exposed to lead. The patient did not have any protective devices. In 2013 the patient was found to have an aneurysm in the "Circle of Willis" and had a coiling procedure at Cedars Sinai. He hoped his headaches would improve after the procedure but they did not. The patient says the neurosurgeon told him he does not believe the headaches are connected to his aneurysm.

The patient believes his headaches were related to toxic exposure but unfortunately we do not have records in this regard. I suggest the patient be seen by a toxicologist with the MSDS and working environment analysis. Further comments can be made thereafter.

The patient was given a special diet for headaches sufferers. He is already using Norco and Percocet for his headaches.

In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) (2) and Insurance Code Section 556) I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this

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report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (J) of Labor Code Section 139.2 or 5307.6.

Date of Report: 2/3/15

Signed this _____ day of February 2015, at Los Angeles, California.

Isaac Regev, M.D.

IR/rmw

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February 28, 2015

RE: JUAREZ, Ruben
DOI: CT
OUR FILE: 27660
EMP: Space Exploration Technology

I asked for medical records on the above named patient. I received some records from Cedars Sinai and the following is the review.

The patient was seen in the ER on 9/20/14. He is seen for palpitations. He has history of migraine headaches, ACA, aneurysm status post coiling and general anxiety. The patient appears very anxious in the ER. He is placed on tele without any ectopy. He receives morphine for headaches.

The records are basically in accordance with my clinical impressions. I did not have too many details about the past aneurysm which I learned was in the distribution of the ACA where he had coiling. My diagnosis of headaches is also compatible with these records.

In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) (2) and Insurance Code Section 556) I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (J) of Labor Code Section 139.2 or 5307.6.

Date of Report: 2/28/15

Signed this _____ day of February 2015, at Los Angeles, California.

Isaac Regev, M.D.

IR/rmw

EXHIBIT 748

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COMPEX LEGAL SERVICES

CERTIFICATION

(Pursuant to F.R.E. 803(6), 902(11), and 28 U.S.C. § 1746)

I hereby certify and declare under penalty of perjury under the laws of the United States of America that the following statements are true and correct to the best of my knowledge and belief. I am over the age of 18 and the duly authorized custodian of records for

ISAAC REGEV, MD

6404 WILSHIRE BLVD., SUITE 1121, LOS ANGELES, CA 90048

I have the authority to certify that the records made available to COMPEX LEGAL SERVICES for reproducing are all of the records under my custody and control which are all of the records under the custody and control of HAMLIN PSYCHE CENTER, described and called for in the SUBPOENA/Authorization served with this declaration in the matter related to said individual or thing pertaining to:

RECORDS OF: JUAREZ, RUBEN

AKA: RUBEN, HERNANDEZ JUAREZ

DATE OF BIRTH: [REDACTED] 1970

SOCIAL SECURITY #: [REDACTED] 0743

HOW ORIGINAL RECORDS WERE PREPARED	
<input type="checkbox"/> HANDWRITTEN NOTES	<input type="checkbox"/> TYPED/DATA ENTERED
<input type="checkbox"/> TRANSCRIBED	<input type="checkbox"/> OTHER _____

TYPE OF RECORDS PRODUCED	
<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> BILLING
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> PAYROLL
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> FILMS
	<input type="checkbox"/> INSURANCE
	<input type="checkbox"/> SCHOLASTIC

Said records were made at or near the time of the statements, acts, events, conditions, opinions, diagnoses, etc., that are reported in those records, by a person with knowledge of and a business duty to record those matters. Said records were kept in the course of a regularly conducted activity of the business, and made as a regular practice and custom of the business. I have delivered all of the records requested with the following exceptions:

Cindy Rodriguez
CUSTODIAN OF RECORDS NAME (PLEASE PRINT)

DEPARTMENT

Cindy Rodriguez
SIGNATURE OF CUSTODIAN OF RECORDS

6/29/18 LA, CA
DATE, AND CITY AND STATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE AND CORRECT COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION.

I DECLARE UNDER PENALTY OF PERJURY & UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.

6/29/18 Los Angeles, CA [Signature] Felix Fernandez
DATE, AND CITY AND STATE SIGNATURE PRINT NAME

PURSUANT TO CAL. BUS. AND PROF. CODE § 22462, I WILL MAINTAIN THE INTEGRITY AND CONFIDENTIALITY OF ANY AND ALL INFORMATION OBTAINED, AND DISTRIBUTE THE RECORDS COPIED BY COMPEX LEGAL SERVICES TO THE AUTHORIZED PERSON OR ENTITIES.

COMPEX LEGAL SERVICES

AFFIDAVIT - (Pursuant to Cal Evidence Code 1561)

112177-H

I hereby declare under penalty of perjury that the following statements are true to the best of my knowledge and belief. I am over the age of 18 and the duly authorized custodian of records for:

ISAAC REGEV, MD

6404 WILSHIRE BOULEVARD, SUITE 1121, LOS ANGELES, CA 90048

and have the authority to certify that the records made available to COMPEX LEGAL SERVICES for reproducing are all of the records under my custody and control, described and called for in the SUBPOENA/Authorization served with this declaration in the matter relating to said individual or thing pertaining to:

RECORDS OF: JUAREZ, RUBEN

AKA: RUBEN HERNANDEZ JUAREZ

DATE OF BIRTH: [REDACTED] /70

SOCIAL SECURITY #: [REDACTED] 0743

HOW ORIGINAL RECORDS WERE PREPARED

☐

HANDWRITTEN NOTES

☐

TYPED/DATA ENTERED

☐

TRANSCRIBED

☐

OTHER _____

TYPE OF RECORDS PRODUCED

☒

MEDICAL

☒

BILLING

☐

FILMS

☐

INSURANCE

☐

EMPLOYMENT

☐

PAYROLL

☐

SCHOLASTIC

☐

OTHER _____

Said records were prepared by personnel of the business in the ordinary course of business at or near the time of the act, condition, or event. I have delivered all of the records/items requested with the following exception(s):

NO FILMS

Cindy M.

CUSTODIAN NAME (PLEASE PRINT)

DEPARTMENT

Cindy M.

SIGNATURE OF CUSTODIAN

8/15/17

DATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION.

I DECLARE UNDER PENALTY OF PERJURY & UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

8/18/17

DATE

[Signature]

SIGNATURE

FE LK T.

PRINT NAME

PURSUANT TO BUSINESS & PROFESSION'S CODE SECTION 22462, I WILL MAINTAIN THE INTEGRITY & CONFIDENTIALITY OF ANY AND ALL INFORMATION OBTAINED, AND DISTRIBUTE THE RECORDS COPIED BY COMPEX LEGAL SERVICES TO THE AUTHORIZED PERSON OR ENTITIES.

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